

10/24/00

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Approved for use on 10/31/2002. OMB 0651-0032
Patent and Trademark Office: DEPARTMENT OF COMMERCE**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	October 24, 2000
First Named Inventor	Raymond Agyapong
Examiner Name	
Group/Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)	1466.00
Attorney Docket No.	8312

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
 Deposit Account Number **16-2480**
 Deposit Account Name **The Procter & Gamble Company**
☒ Charge Any Additional Fee ☐ Applicant claims small entity status. See 37 CFR §127
 Required Under 37 C.F.R. §§1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Credit Card ☐ Money Order ☐ Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	[710]
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$)[710]

2. EXTRA CLAIM FEES

Fee From
 Total Claims [22] - 20** = [2] x [18] = [36]
 Independent Claims [12] - 3** = [9] x [80] = [720]
 Multiple Dependent ☐ = ☐
 ** or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)[756]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner's action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner's action	
115	110	215	55	Extension for reply within 1 st month	
116	390	216	195	Extension for reply within 2 nd month	
117	890	217	445	Extension for reply within 3 rd month	
118	1,390	218	695	Extension for reply within 4 th month	
128	1,890	228	945	Extension for reply within 5 th month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of IDS	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	710	249	355	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)** ☐**SUBMITTED BY**

Name (Print/Type)	Matthew P. Fitzpatrick	Registration No. (Attorney/Agent)	41,751	Complete (if applicable)
Signature	<i>Matthew P. Fitzpatrick</i>			Date October 24, 2000

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WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

10/24/00



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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 8312	
		First Inventor or Application Identifier Raymond A	
		Title Improved Protection Tampon	
		Express Mail Label No. EK940864F	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Progr	
2. <input checked="" type="checkbox"/> Specification Total Pages [32] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		6. Nucleotide and/or Amino Acid Se (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable copyb. <input type="checkbox"/> Paper Copy (identical to con,c. <input type="checkbox"/> Statement verifying identity or	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [4]		ACCOMPANYING APPLICATION PA 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
4. Oath or Declaration Total pages <input type="checkbox"/> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).			
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28).			
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/309,467 Prior application information: Examiner: _____ Group/Art Unit: _____ For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under L-1 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
NAME	Matthew P. Fitzpatrick		
	The Procter & Gamble Company		
ADDRESS	Winton Hill Technical Center		
	6110 Center Hill Avenue		
CITY	Cincinnati	STATE	Ohio
COUNTRY	US	TELEPHONE	513-634-2479
		ZIP CODE	45224
		FAX	513-634-3848

Name (Print/Type)	Matthew P. Fitzpatrick	Registration No. (Attorney/Agent)	41,751
Signature	<i>Matthew P. Fitzpatrick</i>	Date	10/24/00 October 24, 2000

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